j

		Number of pa	ges including cover sheet 3
то:	D. Wayne Hedberg DOGM	FROM:	Chandler Horsley Pisgah Properties P.O. Box 1864 Provo, UT 84603-1864
Phone Fax Phons	801-538-5291 -801-359 <b>-</b> 3940	Phone Fax Phone	801-372-0959 801 313 0781
We ho	we not started	any operations	s since the fin
We ho	we not started mitting, therefore	any operations	s since the fin
	•	any operations re I have noth	s since the fin
	fine.		s since the fin
	time. Them	any operations re I have nothing be you, In Morry	s since the time

(Revised 6/96)

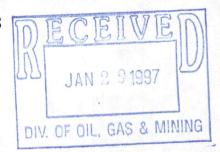
# STATE OF UTAH

# DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple Suite 1210 Box 145801

Salt Lake City, Utah 84114-5801 Telephone: (801) 538-5291

Fax: (801) 359-3940



### ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40 8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

General Information		
Report Time Period: From (mo./yr.) Jan.1,1996 To (mo./yr.) Dec 31,1996		
2. DOGM File Number (Mine No): \$ /005 /003		
3. Mine Name: BHY Mine (Buce-Harsley young) Partie		
2. DOGM File Number (Mine No): \$\frac{5005}{005} \frac{1003}{0003} 3. Mine Name: BHY Wine (Buce - Husley young) Partner 4. Mineral(s) Mined (or permitted to mine): Limestone		
5. Type of mine Surface Mine or Underground Mine		
6. Legal Description (Location of Lands Affected):		
1/4,1/4, Section, Township, Range Parts with		
7. Name of Operator or Company: Pisgah Properties - Malcomb Young		
8. Permanent Street Address: P.O. Box 1864 5010 N Hung 38		
City, State, Zip: Fronto, UT 84403 Brighon City Ut 8		
8. Permanent Street Address: P.O. Box 1864 5010 N Hung 3 & City, State, Zip: Provo, UT 84603 Brighon City Ut 8 Phone: 80   -372-0959 801-723-762		
9. Company Representative (or designated operator):		
Name:		
Title:		
Business Address:		
City, State, Zip:		
Phone:		
☐ Please check if any of the above information has changed since previous year.		
Mining and Reclamation		
1. Was the mine active during the past year? Yes □ No ☒		
2 If active how much are or mineral was mined?		

should also be attached.

## W. Signature Requirement

I hereby certify that the foregoing is true	e and correct.
Name (Typed or Print):	
Title of Operator:	
Signature of Operator:	
Date:	

MR-AR